

Vulnerable Children

Department of Social & Health Services Children's Administration

Government Management, Accountability and Performance

January 18, 2006



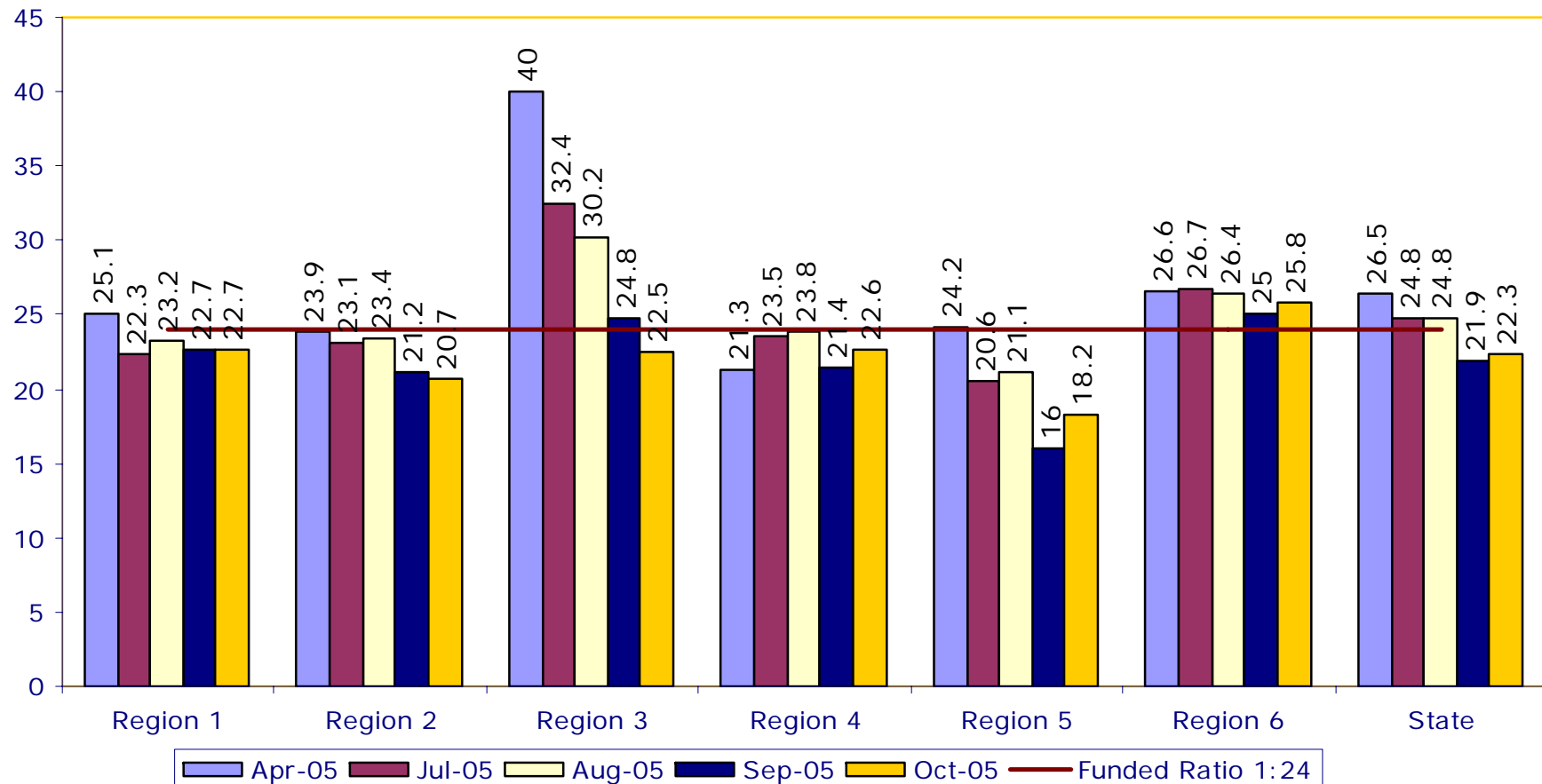
Robin Arnold-Williams, Department of Social and Health Services Secretary

DSHS Vulnerable Children GMAP

Fiscal and Staffing Concerns

How many cases on average does a CPS Social Worker have?

Number of CPS Cases Per CPS Staff by Region



Data Notes SOURCE: Financial Reporting System & CAMIS Workload Report. Excludes DLR-CPS and cases with no activity for 180 days.

Fiscal and Staffing Concerns

How many cases on average does a CPS Social Worker have?

Analysis:

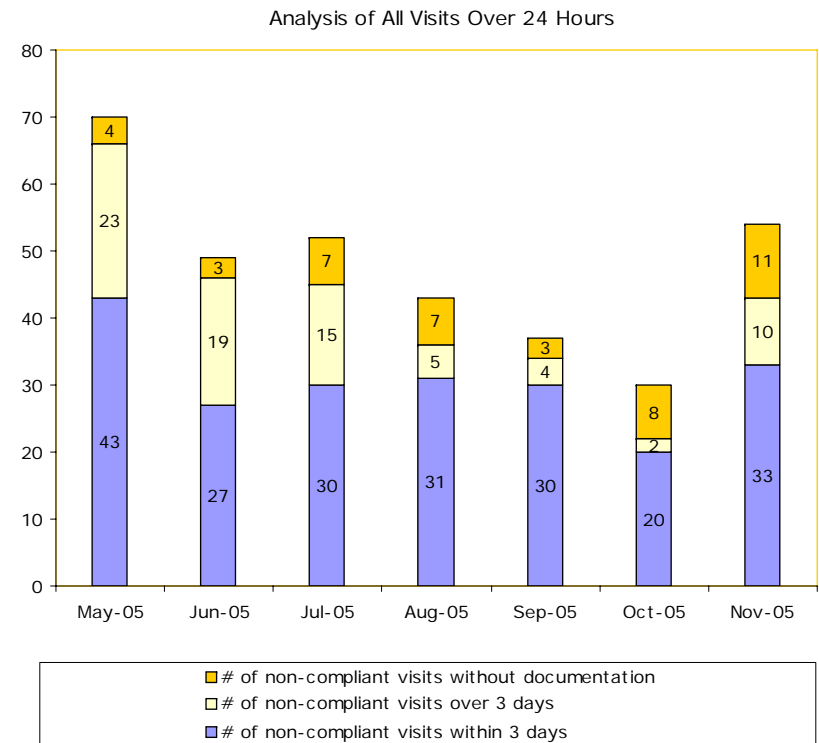
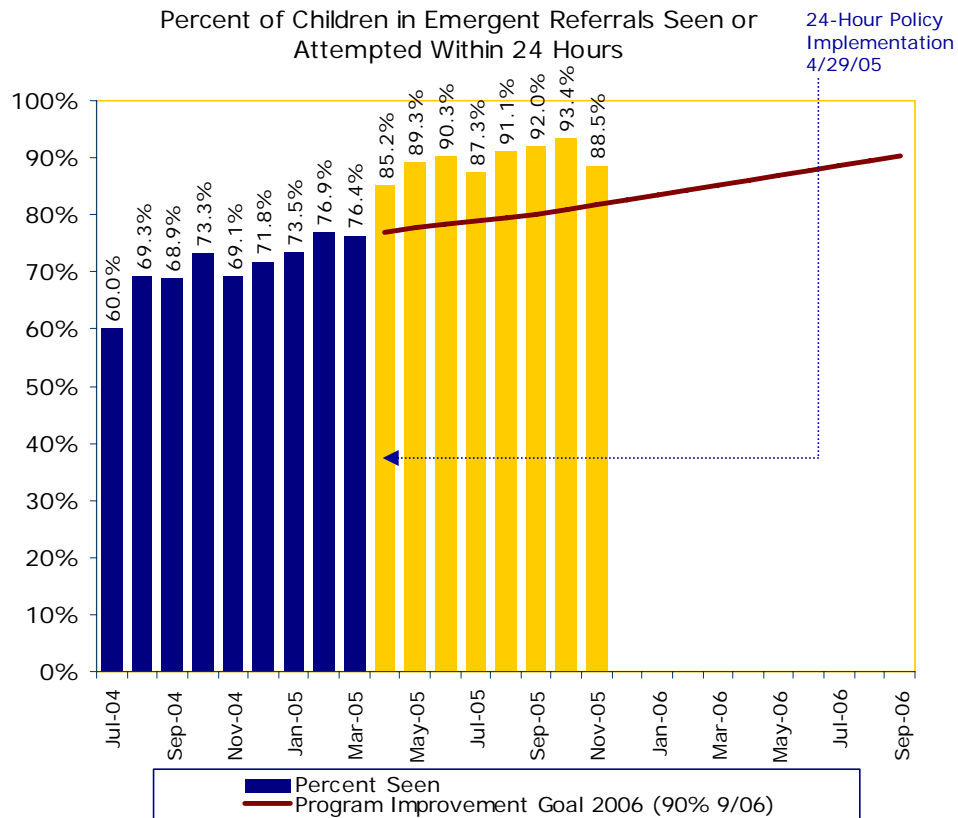
- Reductions in program managers and non-case carrying FTE's and the conversion of staff to case carrying positions has decreased overall CPS caseloads
- Re-deploying regional program staff and CWS positions into CPS case carrying positions is bringing CPS caseloads down
- Implementation of 24/72 hour response and 30 day visits has occurred prior to the phase-in of additional staff allotted to CA for 2005-2007 biennium
- The impacts of CPS caseload reduction on CWS caseload/workload and permanency outcomes must be evaluated over time
- Region 5 attributes caseload reduction in part to specialization of the investigative function by an earlier transfer of cases to CWS
- Rebalancing of staff between Regions 3 and 4, along with case closure activities made possible by hiring additional staff in Region 3, is helping to reduce Region 3 caseloads
- Even small changes in the number of staff can create the capacity to address case backlog
- Comparable caseloads between regions was achieved more quickly than projected and will need to be monitored for unintended impacts
- Time lag between hiring of new staff and assignment of caseload responsibilities due to Academy training

Actions	Who	Due Date
Supplemental budget request supports bringing on biennium staff allocation at beginning of FY2007.		
Lead the development of the framework for the CPS/CWS redesign to separate investigative function from service provision.	Program and Practice Improvement (PPI) Director	4/30/06
Complete rebalancing of staffing levels within regions.	Regional Administrators	1/31/06
Complete mid-course assessment of regional FTE and financial allocations to determine if additional rebalancing between regions is needed.	Finance and Operations Support Director and Field Operations Director	3/31/06

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

How quickly do we respond to emergent allegations of abuse or neglect?



Month	7/04	8/04	9/04	10/04	11/04	12/04	01/05	02/05	03/05	04/05	05/05	06/05	07/05	08/05	09/05	10/05	11/05
Number of Children Needing Visits	589	560	557	617	544	522	603	503	568	519	661	507	426	483	463	454	478

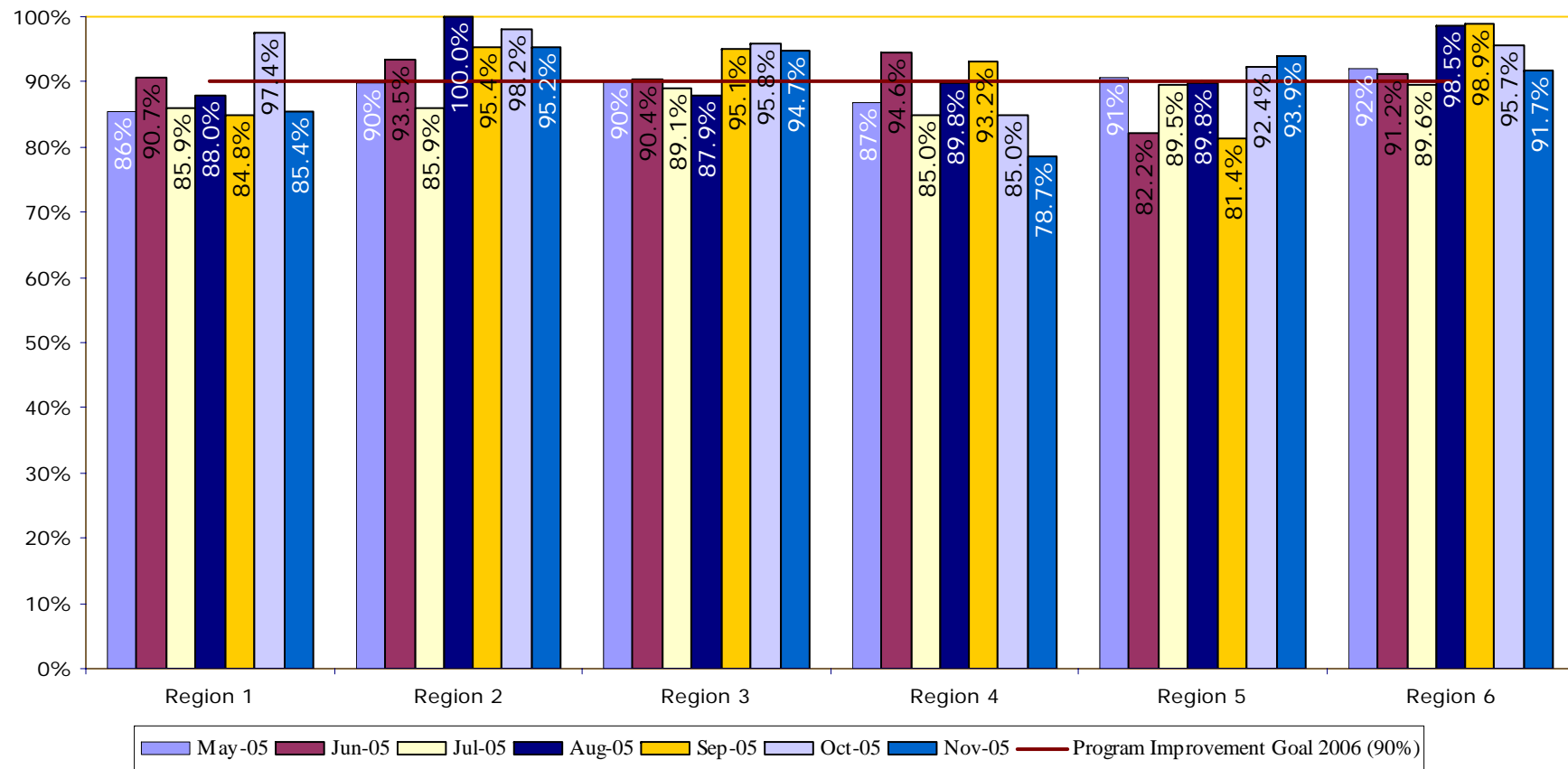
Data Notes SOURCE: CAMIS SER download 12/27/05. May-August 2005 data reflects referrals seen or attempted within one calendar day as a proxy for 24-hours. Sept – Nov 2005 data represents referrals seen or attempted within 24 hours. Excludes DLR-CPS.

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

How quickly do we respond to emergent allegations of abuse or neglect?

Percent of Children in Emergent Referrals Seen or Attempted Within 24 Hours



Data Notes SOURCE: CAMIS SER download 12/27/05. May-August 2005 data reflects referrals seen or attempted within one calendar day as a proxy for 24-hours. Sept – Nov 2005 data represents referrals seen or attempted within 24 hours. Excludes DLR-CPS.

Children will be safe from abuse and neglect

How quickly do we respond to emergent allegations of abuse or neglect?

Analysis:

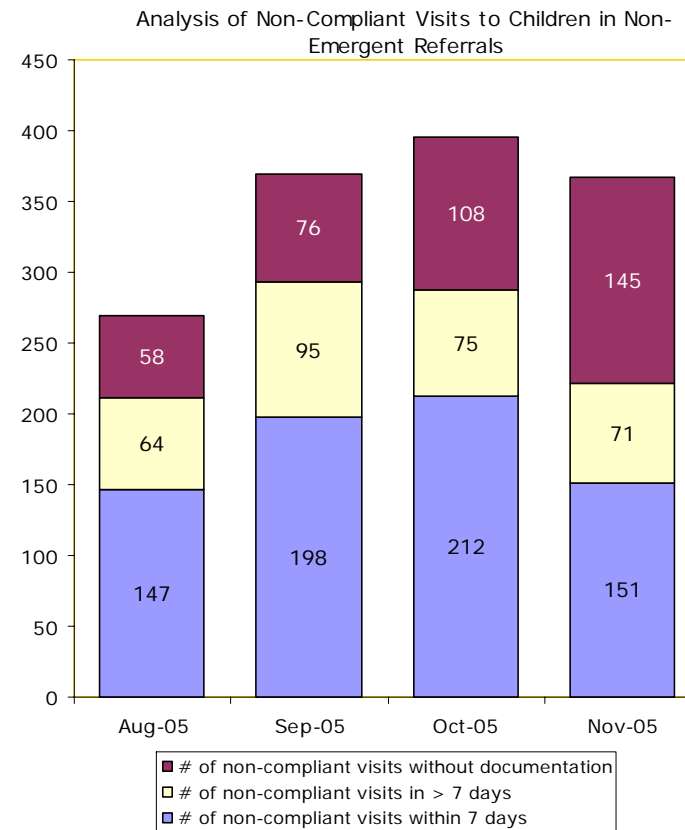
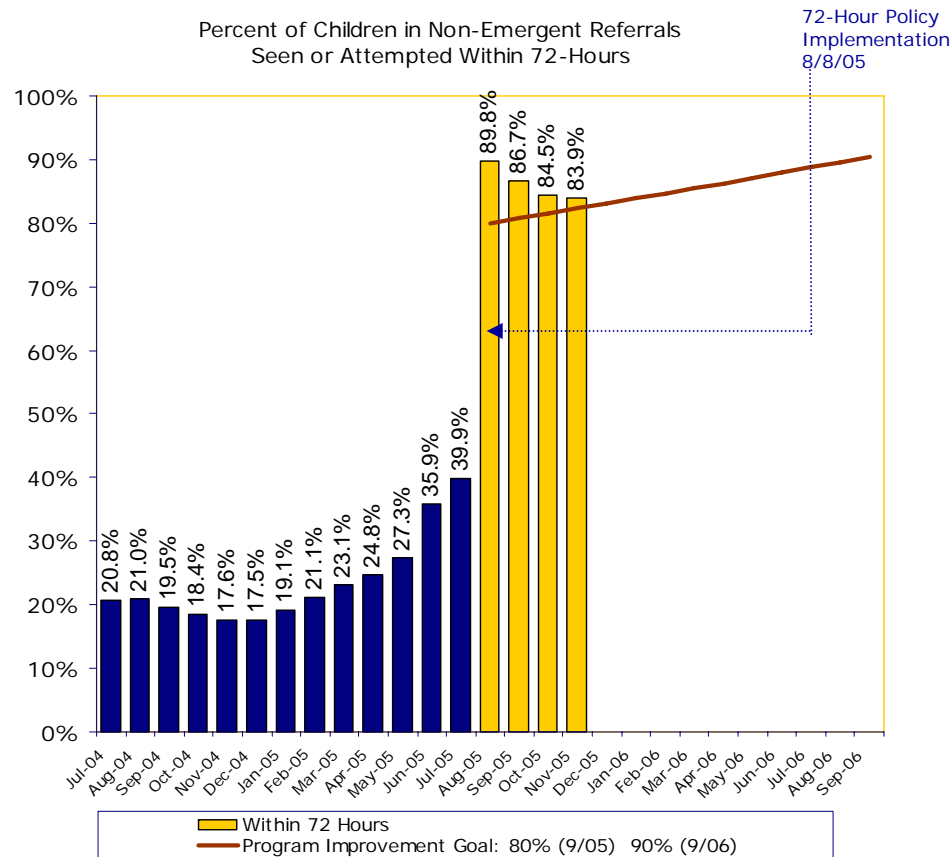
- Implementation of 72-hour response and 30-day in-home visits has impacted 24-hour response time performance in most regions
- Regions have placed a priority on seeing children while allowing additional time for documentation, which accounts for some of the decline from October to November
- The decline in performance for the most recent month is expected to rebound once documentation is completed for initial visits
- Regional resources are being stretched to achieve compliance on the 24-hour and 72-hour response policies
- Offices with region-wide or large catchment area responsibility are having more difficulty meeting the timeframes
- Supports for high performance include stable staffing, experienced supervisors, management focus on safety, and reallocation of staff between offices

Actions	Who	Due Date
With agreement of the Governor and DSHS Secretary, adopt a plan to stage implementation of the 30-day visitation requirement, increasing targets and the target population as new staff come on board.	Assistant Secretary	12/21/05: Plan initiated 3/31/06: New targets set from benchmarks
Work with offices identified as needing assistance to improve CAMIS documentation of visits.	Field Operations Director	1/31/06
Develop strategies to improve documentation in poor performing offices.	Regional Administrators	2/28/06
Complete rebalancing of staff and workload (zip code catchment areas) between offices.	Region 1 Administrator Region 4 Administrator	1/31/06

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

How quickly do we respond to non-emergent allegations of abuse or neglect?



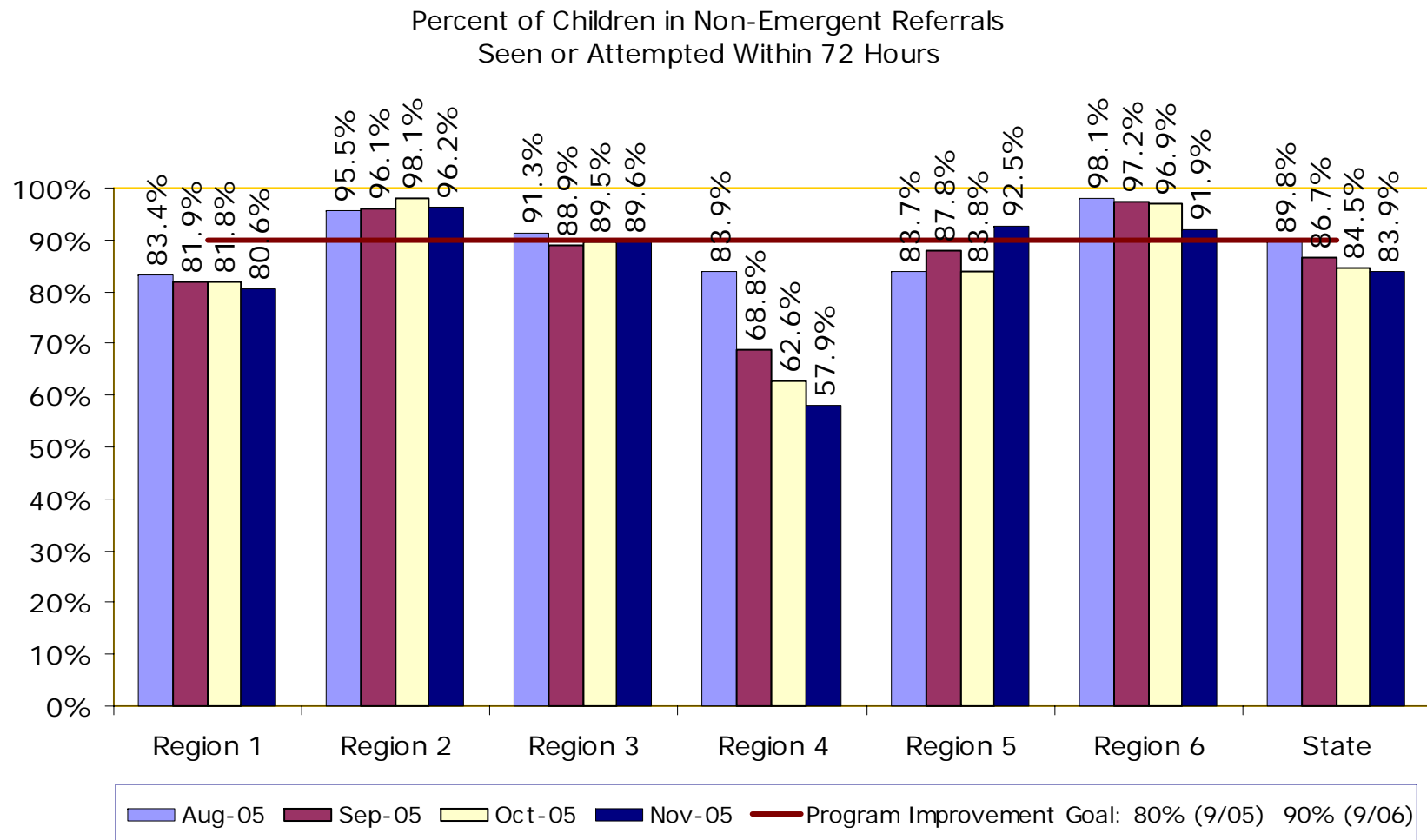
Month	7/04	8/04	9/04	10/04	11/04	12/04	1/05	2/05	3/05	4/05	5/05	6/05	7/05	8/05	9/05	10/05	11/05
Number of Children Needing Visits	2,925	3,032	3,209	3,245	2,988	2,969	3,196	2,693	3,328	3,104	3,610	3,193	2,795	2,767	2,959	2,636	2,388

Data Notes SOURCE: CAMIS SER download 12/27/05. Data reflects referrals seen or attempted within 72-hours. Excludes DLR-CPS.

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

How quickly do we respond to non-emergent allegations of abuse or neglect?



Data Notes SOURCE: CAMIS SER download 12/27/05. Data reflects referrals seen or attempted within 72-hours. Excludes DLR-CPS.

Children will be safe from abuse and neglect

How quickly do we respond to non-emergent allegations of abuse or neglect?

Analysis:

- 72-hour policy implementation began 8/8/05
- Performance on 72-hour response has deteriorated from cumulative impact of 24/72-hour response and 30-day visit policy implementation without additional staff
- Regional resources are being stretched to achieve compliance on the 24-hour and 72-hour response policies
- Offices that respond region-wide have lower performance on 72-hour response compliance
- Region 4 performance may be impacted by reduction in FTE's as a result of rebalance with Region 3
- Regions are re-balancing staff, using alternative work schedules, bringing additional Social Workers on-line
- Documentation of visits is lagging due to the increased workload
- Supports for high performance include stable staffing, experienced supervisors, management focus on safety, and reallocation of staff between offices

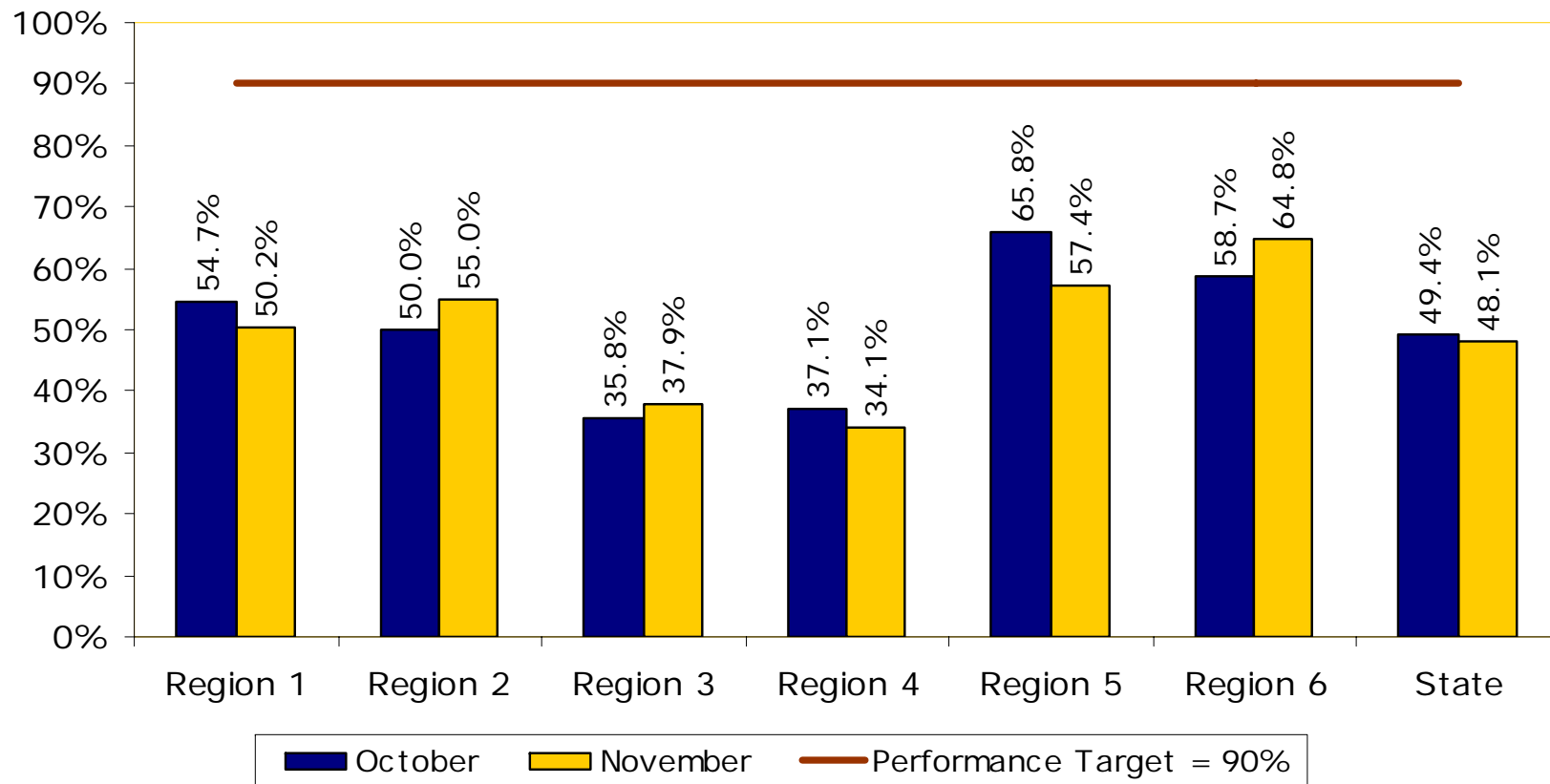
Actions	Who	Due Date
With agreement of the Governor and DSHS Secretary, adopt a plan to stage implementation of the 30-day visitation requirement, increasing targets and the target population as new staff come on board.	Assistant Secretary	12/21/05: Plan initiated 3/31/06: New targets set from benchmarks
Work with offices identified as needing assistance to improve CAMIS documentation of visits.	Field Operations Director	1/31/06
Develop strategies to improve documentation in poor performing offices.	Regional Administrators	2/28/06
Complete rebalancing of staff and workload (zip code catchment areas) between offices.	Region 1 Administrator Region 4 Administrator	1/31/06
Complete performance and safety review of targeted office.	Field Operations Director	1/31/06

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

How many children receiving services in their home are visited every 30 days?

Dependent Children Returned Home and Receiving Services:
Percent With a Social Worker Visit Within the Last 30 Days



Data Notes SOURCE: CAMIS SER download 12/22/05. Data reflects children in an in-home dependency who were seen by their Social Worker in the last 30 days. Point in time measure as of the first of the month.. Methodology to count in-home service cases (not in-home dependencies) is still in development. Policy effective October 1, 2005.



DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

How many children receiving services in their home are visited every 30 days?

Analysis:

- 30-day visits have been implemented for in-home dependency and in-home service cases
 - Data is currently available to monitor the approximately 1,500 in-home dependency cases
 - The policy applied to approximately 6,800 in-home CPS service cases which cannot currently be monitored
- 30-day visits cannot be implemented and sustained within current resources, as assumed in January 2005
- CPS staff are cumulatively impacted by new 24/72-hour response and 30-day policies and CWS staff are impacted by 30-day visits
- In-home visits are very difficult to accurately count in CAMIS
 - Number of in-home dependencies may be exaggerated due to complexity of CAMIS documentation
 - In-home visits do not yet have a unique CAMIS Service Episode Record code

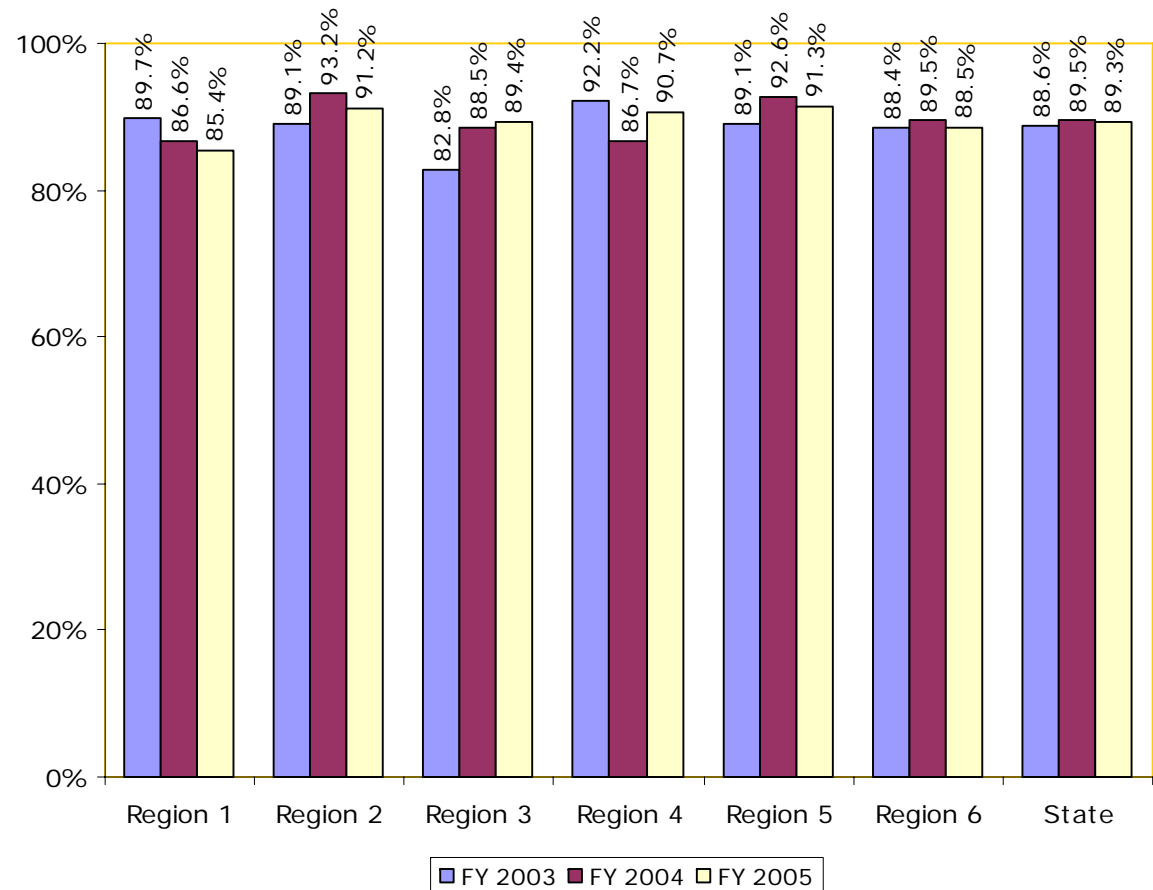
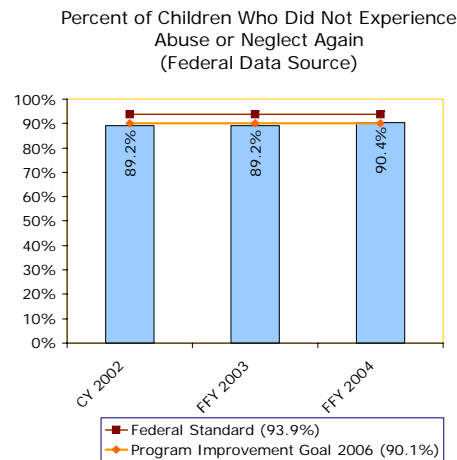
Actions	Who	Due Date
With agreement of the Governor and DSHS Secretary, adopt a plan to stage implementation of the 30-day visitation requirement, increasing targets and the target population as new staff come on board.	Assistant Secretary	12/21/05: Plan initiated 3/31/06: New targets set from benchmarks
Analyze reasons for low 30-day visitation rate.	Field Operations Director	2/28/06
Develop a separate CAMIS code to document 30-day visits.	CATS Director	1/31/06
Develop a desk guide for the documentation of 30-day visits.	CATS Director	1/31/06
Identify method to measure compliance with CPS in-home cases.	Finance and Operations Support Director	3/31/06

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

What percent of children were not abused or neglected again?

Percent of Children Who Did Not Experience Abuse or Neglect Again
(State Data Source)



Data Notes SOURCE: State data source based on CAMIS records and logic used for submission to the National Child Abuse and Neglect Data System (NCANDS). Federal data source based on federal analysis of state data submission. Measures percent of children not abused or neglected again within 6 months of first founded incident of abuse or neglect.

Children will be safe from abuse and neglect

What percent of children were not abused or neglected again?

Analysis:

- About 10% of children who are found to be victims of maltreatment become repeat victims within the next 6 months
- Most initial (72%) and recurring (84%) maltreatment is neglect
- The number of victims with neglect allegations (and no others) involved in CPS investigations has increased by 25% since FY00 (22,527 to 28,086) while the total number of victims has decreased by 8% (47,877 to 44,107)
- Support for performance includes effective supervision, thorough assessments and planning, good array of evidence based services to reduce risk

Actions	Who	Due Date
Mandate use of Family Team Decision Making Meetings (FTDM) in current sites.	Regional Administrators	1/31/06
Complete contract review process to better align contracted services to support families.	PPI Director	7/31/06
Implement new neglect legislation by providing additional training in every region on family engagement in neglect cases.	PPI Director	12/31/06
Implement new neglect legislation by providing training to all staff on the "Gain 66" mental health and substance abuse screening tool.	PPI Director	12/31/06
Implement new neglect legislation by identifying evidence-based service array needed to reduce risk of recurrence due to neglect.	PPI Director	12/31/06
Identify evidence-based service array needed to reduce risk of recurrence due to abuse.	PPI Director	7/1/06

Children will be safe from abuse and neglect

Characteristics of children who are abused or neglected again

Victim Characteristics Statistically
Associated With Recurrence

Victim Characteristics	Victims with no recurrence in 6 months	Victims with recurrence in 6 months	All Victims
Age When CA/N First Founded:			
Age 0-4 years	45.9%	52.9%	46.5%
Age 5 years or older	54.1%	47.1%	53.5%
Victim Race:			
Caucasian	73.2%	78.0%	73.8%
Native American	8.2%	10.5%	8.4%
African American	6.6%	5.6%	6.5%
Other races	4.9%	4.1%	4.8%
Ethnicity:			
Non-Hispanic	88.2%	94.1%	88.7%
Hispanic	11.8%	5.9%	11.3%
Initial type of Abuse/Neglect:			
Physical Neglect	66.6%	81.1%	67.7%
Non-Neglect	35.5%	18.9%	32.3%
Prior Accepted Referrals:			
>2 prior accepted referrals	19.9%	29.7%	20.7%
0-2 prior accepted referrals	90.1%	70.3%	79.3%
Prior Founded Referrals:			
>2 prior founded referrals	0.8%	2.2%	0.9%
0-2 prior founded referrals	99.2%	97.8%	99.1%
Prior Placement:			
1 + prior placement	9.9%	13.7%	10.2%
0 prior placement	90.1%	86.4%	89.8%

Analysis:

- Victims of neglect are twice as likely to have a documented recurrence of abuse or neglect
- The risk of a recurrence is 30% greater for children who were very young (<5 yrs) when abuse or neglect was first founded
- Caucasian and Native American children have the highest documented rates of recurrence
- The risk of a recurrence is 62% higher for children with more than 2 prior accepted CPS referrals
- Children who have a history of placement have a 38% greater risk of a recurrence
- The risk of placement is 55% greater for victims with a recurrence
- A recent national study* of recurrence also found an association between recurrence and victim age, race, ethnicity, type of maltreatment, and service history.

* Fluke, J.D., Shusterman, G.R., Hollinshead, D., & Yuan, Y.T. *Reporting and Recurrence of Child Maltreatment: Findings from NCANDS*. (Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2005).

DSHS Vulnerable Children GMAP

Children will be safe from abuse and neglect

What are we doing in response to what we have learned from child fatality reviews?

Action Steps	Status
CHILD SAFETY	
Safety and risk assessment and transition tools retraining.	Tools refresher training completed in 5 of 6 regions – Region 4 training will be completed March 1, 2006.
CPS/CWS redesign.	Framework for the CPS/CWS restructure model to separate investigative and case carrying functions to be developed by April 30, 2006.
New Child Protection Team staffing policy, training and process.	Draft revised policies for CPT's have been developed. They will be presented to CA management for review and decision February 2, 2006. Training on the new policies will be implemented based on decisions made at the CA management meeting.
SUPERVISION	
Ongoing supervisors academy to improve clinical supervision.	Two training sessions during FY 2005, four sessions are scheduled for FY 2006.
Case Review-Quality Assurance Program assessing for quality as well as compliance.	10-12 offices are reviewed each quarter for compliance and quality. (Oct-Dec 2005) 10 offices in 5 regions were reviewed through a random case sample across programs. 46 CPS practice areas are assessed, 45 CWS practice areas. CPS was rated at 90% in meeting quality requirements, CWS at 88%.
SOCIAL WORK PRACTICE	
Organizational structure change to improve practice consultation, critical incident review, and accountability.	Moved Office of Practice Consultation and Risk Management from the Division of Program and Practice Improvement to the Division of Field Operations, to improve reporting relationships and accountability.
Tracking implementation of review recommendations.	Office of Practice Consultation and Risk Management has begun tracking regional actions in response to fatality review recommendations.
Trend analysis to identify training needs.	The Division of Program and Practice Improvement is working with the Office of Practice Consultation and Risk Management to identify and address training needs raised through fatality reviews.
Develop and implement a clinical practice model.	Time lines being constructed.

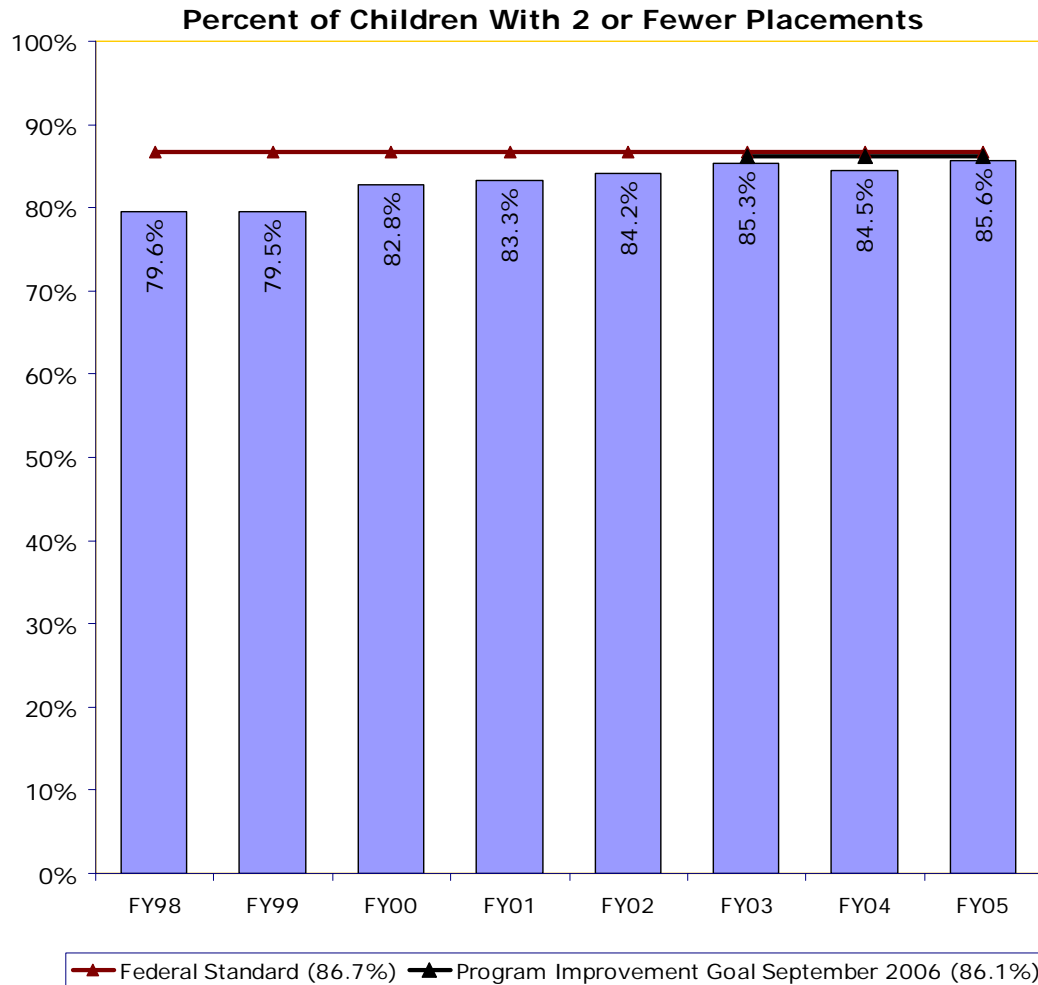
Data Notes SOURCE: Children's Administration

January 18, 2006

DSHS Vulnerable Children GMAP

Provide stable, nurturing, permanent placements

What percent of children are in stable placements?



Analysis:

- Support for performance includes having a sufficient number of well-trained and adequately supported foster parents and placement with relatives whenever possible
- Initial results from Family Team Decision Making (FTDM) meetings show promise in improving stability

Actions	Who	Due Date
Mandate use of Family Team Decision Making Meetings (FTDM) in current sites.	Regional Administrators	1/31/06
Complete the implementation of Multiple Placement Staffings for children with 5 or more placements.	Regional Administrators	12/31/06
Establish community-based foster home recruitment targets.	PPI Director	2/28/06
Implement PCIT services for children at home and in placement.	PPI Director	7/31/06
Analyze factors related to placement instability for Native American youth.	Finance and Operations Support Director	3/31/06
Identify evidence based service array needed to reduce risk of instability.	PPI Director	12/31/06
Identify strategies to address the immediate need for more foster homes.	Field Operations Director	2/28/06

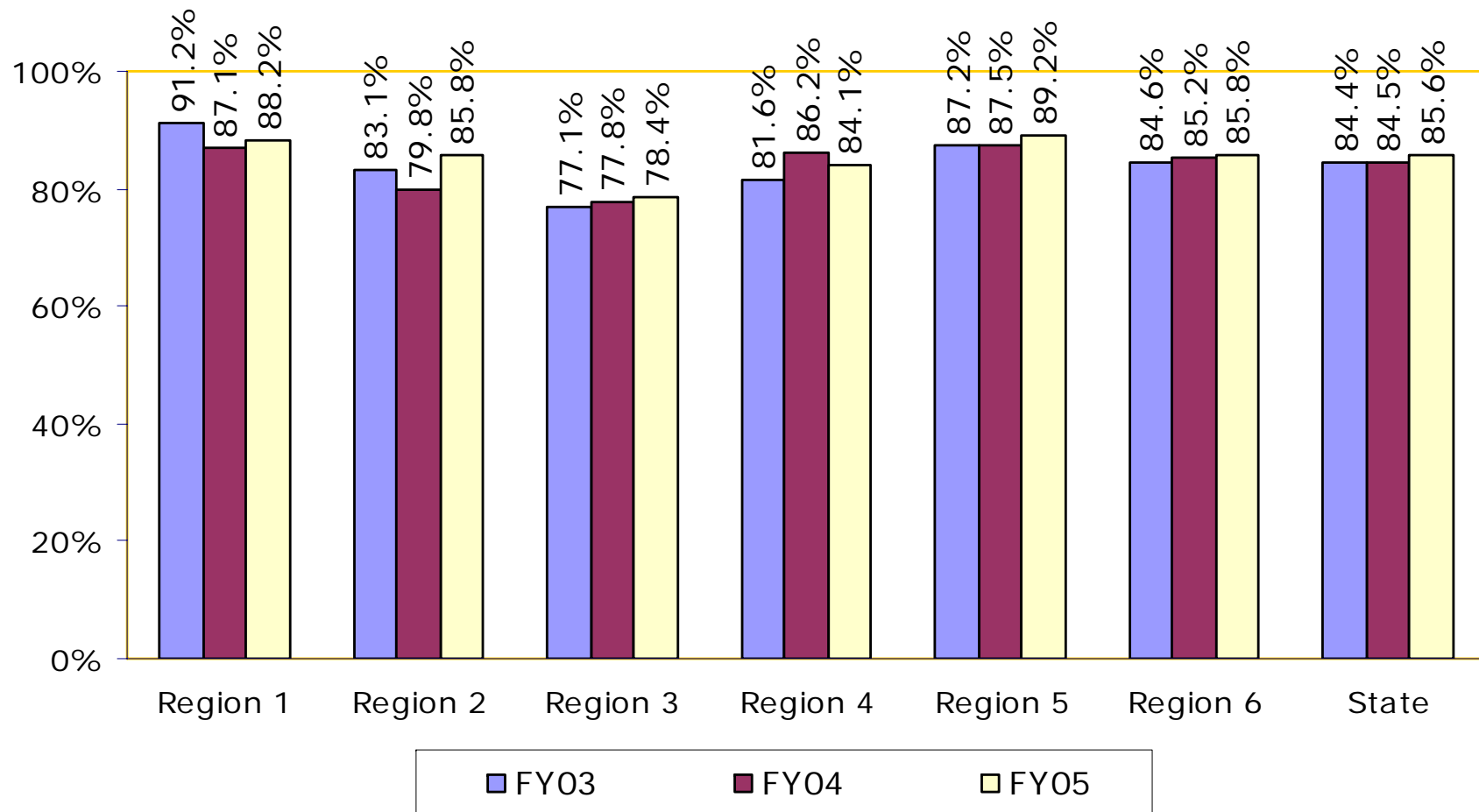
Data Notes SOURCE: CAMIS data submitted to the federal Adoption and Foster Care Analysis Reporting System (AFCARS). Federal measure of children with two or fewer placement homes during the first year in out-of-home care. Includes placement changes out of the department's control including placement in Crisis Residential Centers, JRA, hospital stay more than 30 days, and detention.

DSHS Vulnerable Children GMAP

Provide stable, nurturing, permanent placements

What percent of children are in stable placements?

Percent of Children With 2 or Fewer Placements



Data Notes SOURCE: CAMIS data submitted to the federal Adoption and Foster Care Analysis Reporting System (AFCARS). Federal measure of children with two or fewer placement homes during the first year in out-of-home care. Includes placement changes out of the department's control including placement in Crisis Residential Centers, JRA, hospital stay more than 30 days, and detention.

Children will be safe from abuse and neglect

Characteristics of children in unstable placements

Victim Characteristics Statistically
Associated With Placement Instability

Child/Youth Characteristics	Stable Placements (1-2 events)	Unstable Placements (3+ events)	All Placements
Duration of placement:			
31-365 days	58.4%	96.0%	63.7%
0-30 days	41.6%	4.0%	36.3%
Primary Removal Reason:			
Neglect	44.1%	50.6%	45.0%
Other	55.9%	49.4%	55.0%
Race:			
Native American	6.4%	8.3%	6.6%
Other Race	4.2%	5.7%	4.4%
African American	9.6%	9.8%	9.6%
Asian P/I	1.9%	1.5%	1.8%
Caucasian	66.4%	65.7%	66.3%
Multi Race	9.0%	8.2%	8.9%
Unreported	2.6%	0.9%	2.3%
Number of Removal Reasons:			
1	68.7%	58.9%	67.3%
2	20.0%	25.7%	20.8%
3	7.9%	10.7%	8.3%
4	2.9%	4.5%	3.1%
First Placement Not With Kin	77.0%	85.0%	78.1%
First Placement With Kin	23.0%	15.0%	21.9%
Prior Family Foster Care	18.3%	23.4%	19.0%
No Prior Family Foster Care	81.7%	76.6%	81.0%
Prior Family Support Services	15.8%	18.8%	16.2%
No Prior Family Support Services	84.2%	81.2%	83.8%

Analysis:

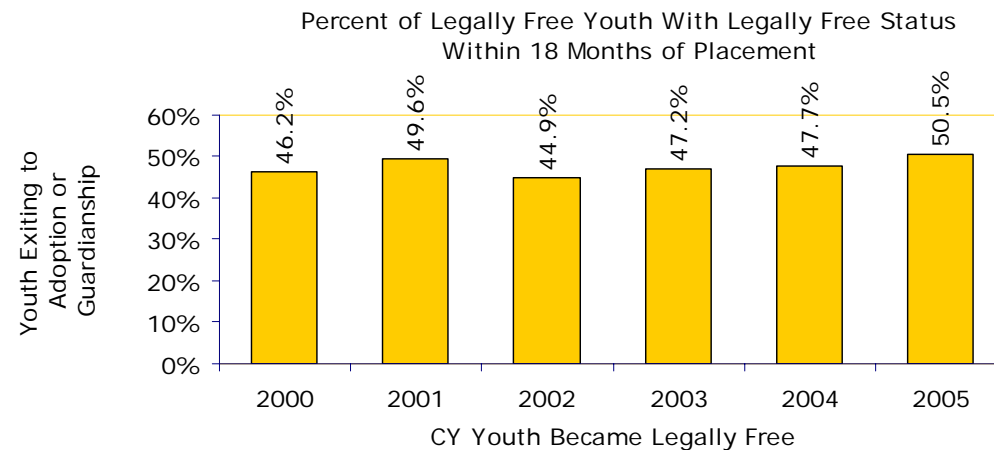
- The risk of instability increases with length of time in placement
- The risk of instability is 25% greater for children/youth who are placed primarily due to neglect
- Native American and 'other' race youth have a 25% to 30% greater risk of instability than Caucasians
- Placements with multiple documented reasons for removal have a higher risk of instability
- The risk of instability is 59% greater for non-kinship placements
- A history of either foster care or family support services is associated with instability
- While our analysis did not find that older youth have a significantly greater risk of unstable placement (more than 2 events), the 12 to 17 year old age group was found to be at greater risk of 4 or more placements.

Data Notes SOURCE: CA data unit analysis of FY04 placement records based on federal stability measure.

DSHS Vulnerable Children GMAP

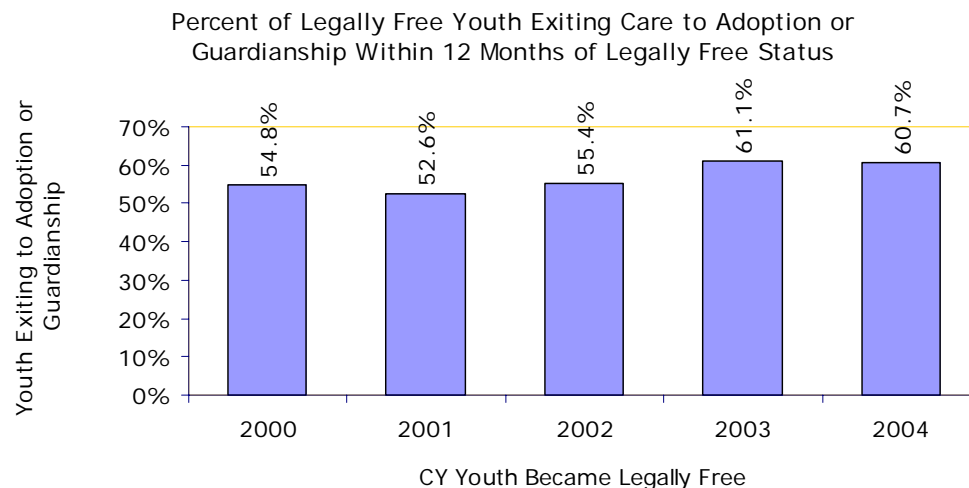
Provide stable, nurturing, permanent placements

How often do legally free children have permanent families within 12 months?



Analysis:

- Children and youth who become legally free are waiting less time for a permanent family
 - More adoptions and guardianships are being finalized within a year of legally free status
 - More terminations of parental rights and relinquishments are occurring within 18 months of placement
 - Median time from placement to legally free status has decreased by 15% since CY 2002 (from 20 months to 17 months)



Actions	Who	Due Date
Implement performance based adoption recruitment contracts.	PPI Director	7/31/06
Identify elements of successful practice in Region 6.	Field Operations Director	3/31/06
Identify options for statewide replication of successful practices.	Field Operations Director	7/31/06
Implement revised permanency planning policy.	PPI Director	5/31/06

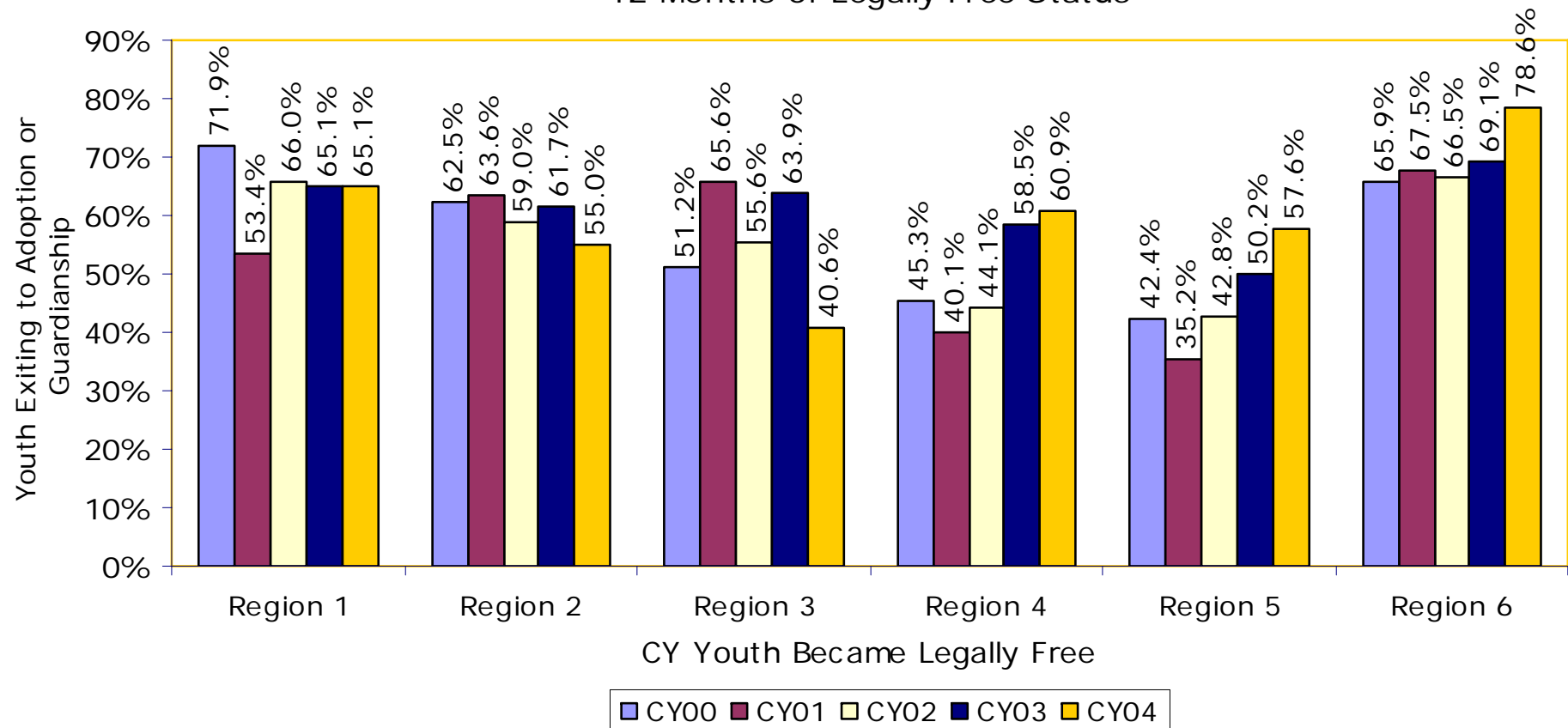
Data Notes CAMIS data: Annual calendar year cohorts of youth with legally free status dates within each year. Placement episodes with youth who are legally free but in long-term foster care with a written agreement are excluded from the count of youth having a permanent family, due to data limitations.

DSHS Vulnerable Children GMAP

Provide stable, nurturing, permanent placements

How often do legally free children have permanent families within 12 months?

Percent of Legally Free Youth Exiting Care to Adoption or Guardianship Within 12 Months of Legally Free Status



Data Notes CAMIS data: Annual calendar year cohorts of youth with legally free status dates within each year. Placement episodes with youth who are legally free but in long-term foster care with a written agreement are excluded from the count of youth having a permanent family, due to data limitations.